



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

JUL 23 1997

Russell Burke, Treasurer
SC Citizens for Life-P A C
1401 Calhoun Street
Columbia, SC 29202

Identification Number: C00206516

Reference: 30 Day Post-General Report (10/1/96-11/30/96)

Dear Mr. Burke:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Schedule A of your report (pertinent portion(s) attached) discloses contributions from corporations and labor organizations. 2 U.S.C. §441b(a) prohibits the receipt of contributions from corporations and labor organizations unless made from separate segregated funds established by the corporations and labor organizations.

If the contributions in question were incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have received prohibited contributions, you must transfer-out the impermissible funds to an account not used to influence federal elections or refund the full amount to the donors in accordance with 11 CFR §103.3(b). In the best interest of your committee, all transfers-out and refunds should be made within thirty days of the treasurer's receipt of the impermissible funds. In order to protect the donor's interests, the Commission recommends that you inform the contributors in writing to provide the donor(s) with the option of receiving a refund or granting written authorization for a transfer to another account.

Please inform the Commission of your corrective action immediately in writing and provide a photocopy of your check for the transfer-out or refund. In addition, any transfers-out or refunds should be disclosed on

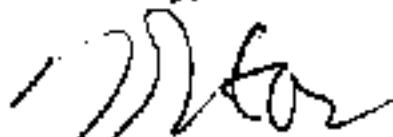
Schedule B supporting Line 22 or 28 of the report covering the period during which the transaction was made.

Although the Commission may take further legal action concerning the acceptance of prohibited contributions, prompt action by your committee to transfer-out or refund the amount will be taken into consideration.

Please clarify your relationship, if any, with the National Right to Life which appears to be an affiliated committee. For further guidance on the question of affiliation, please refer to 11 CFR §100.5(g). If your committee is affiliated with the National Right to Life, you should amend your Statement of Organization to reflect this relationship on Line 6.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



Neil Evans
Reports Analyst
Reports Analysis Division

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER
1(a)(6)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

South Carolina Citizens for Life PAC

A. Full Name, Mailing Address and ZIP Code

Henry Hamilton
529 Mount Zion Church Road
Highville, SC 29061

Name of Employer

Patchford Associates

Date (month,
day, year)
10/17/96

Amount of Each
Receipt this Period
750.00

Receipt For: Primary General

Other (specify):

B. Full Name, Mailing Address and ZIP Code

John S. Schmitz, Jr.
742 Poinsettia St.
Columbia, SC 29205

Name of Employer

Date (month,
day, year)
10/17/96

Amount of Each
Receipt this Period
500.00

Receipt For: Primary General

Other (specify):

C. Full Name, Mailing Address and ZIP Code

Mary Ivey Matthews
Rt 2 Box 1076
white oak SC 29176

Name of Employer

Date (month,
day, year)
10/18/96

Amount of Each
Receipt this Period
500.00

Receipt For: Primary General

Other (specify):

D. Full Name, Mailing Address and ZIP Code

Austin Enterprises
3155 Savannah Highway
Charleston SC 29414

Name of Employer

Date (month,
day, year)
10/21/96

Amount of Each
Receipt this Period
250.00

Receipt For: Primary General

Other (specify):

E. Full Name, Mailing Address and ZIP Code

Lessondale Court Sprague
829 Barnwell St
Columbia SC 29201

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period
250.00

Receipt For: Primary General

Other (specify):

F. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Receipt For: Primary General

Other (specify):

G. Full Name, Mailing Address and ZIP Code

Name of Employer

Date (month,
day, year)

Amount of Each
Receipt this Period

Receipt For: Primary General

Other (specify):

Occupation

Date (month,
day, year)

Amount of Each
Receipt this Period

Aggregate Year-to-Date > \$

Aggregate Year-to-Date > \$

Aggregate Year-to-Date > \$

SUBTOTAL of Receipts This Page (optional) 2250.00

TOTAL This Period (last page this line number only) 2250.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE / OF
FOR LINE NUMBER
22

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NAME OF COMMITTEE (in Full)

South Carolina Citizens for Life Pac

A. Full Name, Mailing Address and ZIP Code

*Life Pac
1401 Calhoun Street
Columbia, SC 29201*

Purpose of Disbursement

Transfer

Disbursement for: Primary General
 Other (specify)

Date (month,
day, year)

10/25/96

Amount of Each
Disbursement This Period

\$1,000.00

B. Full Name, Mailing Address and ZIP Code

*National Right to Life
Suite 500, 414 7th St NW
Washington DC 20004*

Purpose of Disbursement

Transfer

Disbursement for: Primary General
 Other (specify)

Date (month,
day, year)

11/15/96

Amount of Each
Disbursement This Period

\$100.00

C. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (specify)

Date (month,
day, year)

Amount of Each
Disbursement This Period

D. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (specify)

Date (month,
day, year)

Amount of Each
Disbursement This Period

E. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (specify)

Date (month,
day, year)

Amount of Each
Disbursement This Period

F. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (specify)

Date (month,
day, year)

Amount of Each
Disbursement This Period

G. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (specify)

Date (month,
day, year)

Amount of Each
Disbursement This Period

H. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (specify)

Date (month,
day, year)

Amount of Each
Disbursement This Period

I. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Disbursement for: Primary General
 Other (specify)

Date (month,
day, year)

Amount of Each
Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

1100.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF
1
FOR LINE NUMBER
23

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (IN FULL)

South Carolina Citizens for Life PAC

<p>A. Full Name, Mailing Address and ZIP Code <i>EU Services National Right to Life PAC Suite 500, 419 7th St NW Washington, DC 20004</i></p> <p>B. Full Name, Mailing Address and ZIP Code</p> <p>C. Full Name, Mailing Address and ZIP Code</p> <p>D. Full Name, Mailing Address and ZIP Code</p> <p>E. Full Name, Mailing Address and ZIP Code</p> <p>F. Full Name, Mailing Address and ZIP Code</p> <p>G. Full Name, Mailing Address and ZIP Code</p> <p>H. Full Name, Mailing Address and ZIP Code</p> <p>I. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Donations</p> <p>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	Date (month, day, year) 11/21/96	Amount of Each Disbursement This Period 2,000.00 - \$100.00 to Thurman - \$100.00 to Bob Cole - \$100.00 to Jerry E. Johnson
	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		Amount of Each Disbursement This Period \$75.00 to Wesley Graham
	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		Amount of Each Disbursement This Period
	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		Amount of Each Disbursement This Period
	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		Amount of Each Disbursement This Period
	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		Amount of Each Disbursement This Period
	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		Amount of Each Disbursement This Period
	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		Amount of Each Disbursement This Period
	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>		Amount of Each Disbursement This Period
SUBTOTAL of Disbursements This Page (optional)			2,000.00
TOTAL This Period (last page this line number only)			2,000.00

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL - - -	<input type="checkbox"/> (Check if name is changed)	2. DATE
(b) Number and Street Address - - -	<input type="checkbox"/> (Check if address is changed)	3. FEC Identification Number
(c) City, State and ZIP Code - - -	4. Is This Report An Amendment? <input type="checkbox"/> YES <input type="checkbox"/> NO	

5. TYPE OF COMMITTEE (Check one)

- | | | | | | |
|---|---|--|-----------------------------|---------------|----------------|
| <input type="checkbox"/> | (a) This committee is a principal campaign committee. (Complete the candidate information below.) | | | | |
| <input type="checkbox"/> | (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.) | | | | |
| <table border="1"> <tr> <td>Name of Candidate</td> <td>Candidate Party Affiliation</td> <td>Office Sought</td> <td>State/District</td> </tr> </table> | | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
| Name of Candidate | Candidate Party Affiliation | Office Sought | State/District | | |
| <input type="checkbox"/> | (c) This committee supports/opposes only one candidate _____
(name of candidate) | and is NOT an authorized committee. | | | |
| <input type="checkbox"/> | (d) This committee is a _____ committee of the _____
(National, State or subordinate) | Party.
(Democratic, Republican, etc.) | | | |
| <input type="checkbox"/> | (e) This committee is a separate segregated fund. | | | | |
| <input type="checkbox"/> | (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee. | | | | |

6.	Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization

Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Corporation

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name:

Marketing Automation

TMW on ReadMaze

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name

Mathieu Adrien

Title or Book Name

B. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Minutes of B

Mid500 Addressen und 2000 Codes

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER **SIGNATURE OF TREASURER** **DATE**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

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